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11 Attorneys for Plaintiffs

12 IN THE UNITED STATES BANKRUPTCY COURT  
13 EASTERN DISTRICT OF CALIFORNIA  
14 FRESNO DIVISION

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15 In re	) NO. 17-13797
16 TULARE LOCAL HEALTHCARE	) Chapter 9
DISTRICT dba TULARE	) DCN: ASM-1
16 REGIONAL MEDICAL CENTER,	)
17	)
18 Debtor.	) <b>EXHIBITS TO DECLARATION</b>
	) <b>OF AIDA S. MACEDO IN</b>
	) <b>SUPPORT OF MOTION FOR RELIEF</b>
	) <b>FROM AUTOMATIC STAY UNDER</b>
	) <b>11 U.S.C. §362</b>
19	)
20 Tax ID#: 94-6002897	) Date: November 30, 2017
21 Address: 869 N. Cherry Street	) Time: 9:30 a.m.
Tulare, CA 93274	) Place: 2500 Tulare St.
	) 5 <sup>th</sup> Flr.
22	) Fresno, CA 93721
23	) Ctrm: 13
	) Dept: B
	) Judge: Rene Lastreto II

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EXHIBIT INDEX

Exhibit	Page	Description
<b>Exhibit "A"</b>	3	True and correct copy of Tulare Regional Medical Center's Supplemental Production of Documents "Certificate of Participation" in the BETA Risk Management Authority insurance policy in effect from July 1, 2016 to July 1, 2017 showing no deductible.

**EXHIBIT “A”**

**BETA Risk Management Authority ("BETARMA")**

A Public Entity

**CERTIFICATE OF PARTICIPATION****HEALTHCARE ENTITY COMPREHENSIVE LIABILITY COVERAGE CONTRACT****PRODUCER:** Barney & Barney, LLC Attn: William Buchanan**CERTIFICATE NUMBER:****HCL-16-361**

<b>ITEM 1: NAMED MEMBER:</b> Tulare Local Healthcare District 869 Cherry Street, Tulare, CA 93274
<b>ITEM 2: SUBSIDIARIES:</b> Tulare Family X-Ray, Tulare Physical Therapy, Tulare District Health Care System Foundation, Tulare District Health Care System Lab Drawing Station, Tulare Surgical Services, Tulare Hospital Foundation, Tulare Hospital Auxiliary
<b>ITEM 3: CONTRACT PERIOD:</b> (a) Effective Date: 7/1/2016 (b) Expiration Date: 7/1/2017 at 12:01 a.m. local time for all dates at the address in Item 1
<b>ITEM 4: RETROACTIVE DATE FOR PROFESSIONAL LIABILITY:</b> 7/1/1985 at 12:01 a.m. local time for all dates at the address in Item 1
<b>ITEM 5: COVERAGE AND LIMITS OF LIABILITY PROVIDED:</b> \$10,000,000 per Claim (except as provided by Amendment) \$20,000,000 in the Aggregate  (Coverages provided are indicated with an "X") <b>Professional Liability</b> <input checked="" type="checkbox"/> Healthcare Entity Professional Liability - Claims Made  <b>General Liability</b> <input checked="" type="checkbox"/> Bodily Injury and Property Damage Liability - Occurrence <input checked="" type="checkbox"/> Personal Injury, Advertising Injury and Discrimination Liability - Occurrence <input checked="" type="checkbox"/> Employee Benefits Liability - Occurrence
<b>ITEM 6: DEDUCTIBLE:</b>
<b>ITEM 7: CONTRIBUTION:</b> See Section 7.9.A
<b>ITEM 8: CONTRACT AND AMENDMENT FORMS ATTACHED AT ISSUANCE:</b> HCL (07/15) 120, 130, 131, 134, 145, 170, 203, 210, 217, 237, 262, 272, 273, 294
<b>ITEM 9: NOTICE REQUIRED TO BE GIVEN TO BETARMA MUST BE ADDRESSED TO:</b> BETA Risk Management Authority 1443 Danville Boulevard Alamo, CA 94507

This Certificate of Participation, the Application(s) and accompanying documents, and the Coverage Contract with Amendments shall constitute the Contract between BETARMA and the Members.

  
Authorized Representative of BETARMA

BETA C.O.P.

Date Issued: July 1, 2016 (Initial)